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DATE: November 14, 2006
TO: EXAMINER: Robert W. Morgan FAX NO.: 571-273-8300
GAU: 3626
FROM: John R. Schell
Reg. No. 50,776

U.S. APP NO.: 09/440,557
FILING DATE: November 15, 1999
APPLICANT(S): Randolph B. Lipscher
ATTY DKT NO.: 1039-0010
TITLE: ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY
MANAGEMENT SYSTEM
NO. OF PAGES (INCL. COVER SHEET): 2

Attached please find:

☒ Notice of Appeal (1 pg)**CONFIDENTIALITY NOTE**

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PTO/SB/31 (04-05)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 1039-0010	
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Signature <u><i>Debra J. Gillooly</i></u> Typed or printed name Debra J. Gillooly		For ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY MANAGEMENT SYSTEM Art Unit 3626 Examiner Robert W. Morgan	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ _____			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____			
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I am the			
<input type="checkbox"/> applicant/inventor.		<u><i>[Signature]</i></u> Signature John R. Schell Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)		512-439-7100 Telephone number	
<input checked="" type="checkbox"/> attorney or agent of record. 50,776 Registration number		<u>11-14-06</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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